

JUDICIAL BRANCH EXPENSE ACCOUNT FORM

For Travel Taken on or after January 1, 2018

(Please refer to Instructions)

Department	Circuit Court of GEARS County		
Unit or Division	Accounting		
Social Security Number (last 4 digits only)	XXXX		
GEARS Vendor Number (if known)	XXXXXX		
Employee Name	Jane Smith	Mileage Reimbursement Rate (cents per mile) =	\$0.545
Work Phone #	XXX-XXX-XXXX	Total Commute Miles (round trip to office) =	24.00
Assigned Office Location (Town/City)	GEARS County	Are you a Recalled / Senior Judge? (Yes or No)	No
Home Address	123 Main Street, Gearsville, MD XXXX	Are you a Judicial Branch employee? (Yes or No)	Yes

Date of Travel	01/16/2018	01/17/2018	01/18/2018						Total
Day of Travel	Tue	Wed	Thu						
Overnight Lodgings- Check box	<input checked="" type="checkbox"/> Check	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
Hotel Room*	157.00	157.00							314.00
Standard Daily Meal Allowance#	35.25	25.00	9.00						69.25
Airfare, Taxi, Shuttle, etc.*									0.00
Rental Car *									0.00
Bus or Metro									0.00
Bridge, Tunnel or Road Toll	4.00		4.00						8.00
Mileage			52.32						52.32
Parking*									0.00
Miscellaneous Expenses*									0.00
Total Reimbursement	196.25	182.00	65.32	0.00	0.00	0.00	0.00	0.00	443.57

*Receipts required, except as noted in the Travel Policy.

Reduce the Daily Allowance by the Standard Meal Allowance for each meal that was provided to you.

Purpose of Travel : Attend GEARS Training - Travel Policy Review

Date of	Travel Status		TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Miles Traveled	Less Commute	Reimbursed Miles
Day of Travel	Start	End				
01/16/2018	07:00 AM		home to Sheraton Hotel			
Tue						
01/17/2018			Sheraton to JECC to Sheraton			
Wed						
01/18/2018		4:00 PM	Sheraton to JECC to Home	120.0	24.0	96.0
Thu						

If mailing is required by payee, please return form to:

Signature _____ Date: 01/19/2018
 Signature of Employee
 [As the employee, you are certifying that the information is accurate and that payment has not been received.]

Signature _____ Date: 01/19/2018
 Approved by Immediate Supervisor
 Work Phone: _____
 [As the approver, you are certifying that all of the information is correct.]